

# Patient Referral for Services



**Address:** 24200 E Smoky Hill Rd  
Aurora, CO 80016

**Phone:** 720-870-2828

**Fax:** 303-325-2000

**Website:** HighlineVisionCenter.com

**PLEASE FAX THIS FORM AND A COPY OF THE EXAM TO 303-325-2000**

<div>Date</div> <div>Referred By</div> <div>Address</div> <div>CityStateZip</div> <div>Phone</div> <div>Fax</div> <div>Email</div>	<div>Patient's Name</div> <div>Date of Birth</div> <div>Contact Information: Parent/Guardian/Hospital/Agency</div> <div>Address</div> <div>CityStateZip</div> <div>Phone</div> <div>Medical Insurance Plan</div> <div>Medical ID#</div>
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Check all that apply:

## Special Testing

- ☐ ONH/NFL imaging
- ☐ Macular/Retinal imaging
- ☐ Corneal Topography
- ☐ Pachymetry
- ☐ Optomap Retinal Imaging
- ☐ Keratograph (Meibography)
- ☐ MPOD (Macular Pigment Optical Density)

*Please indicate the following:*

- ☐ *With interpretation*
- ☐ *Without interpretation*

## Special Services

- ☐ YAG Laser  
*Please circle one*
  - ☐ Capsulotomy /SLT / LPI
- ☐ Myopia Control  
*Please circle one*
  - ☐ MiSight / Atropine / CRT
- ☐ Specialty Contact Lens Fit  
*Please circle one*
  - ☐ CRT / Scleral / RGP
  - ☐ Fit young child
- ☐ Dry Eye
  - ☐ Tear Care
  - ☐ BlephEx
  - ☐ Punctal Plugs
  - ☐ Other: \_\_\_\_\_

## Vision Therapy

- ☐ Brain Injury
- ☐ Vision Therapy
  - ☐ Learning Problems
  - ☐ Headaches/Asthenopia
  - ☐ Diplopia
  - ☐ Oculomotor dysfunction
  - ☐ Sports Vision Training
  - ☐ Accommodative Anomaly
  - ☐ Binocular Dysfunction
- ☐ Amblyopia
- ☐ Strabismus
- ☐ Infant/Pediatric exam
- ☐ Special Needs Patient
- ☐ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

## OPTOMETRISTS

Jennifer Redmond, OD, FOVDR

Jenna Moran, OD, FOVDR

Rebekah Bretz, OD

Landon Voigt, OD

*Patient will return to referring doctor's office for all primary care and eyeglass prescriptions.*

*A copy of all test results and a report will be sent to the referring doctor.*